

# TRANSMITTAL FORM

Application Serial Number	10/810,504
Filing Date	March 26, 2004
First Named Inventor	Krupa
Group Art Unit	2875
Examiner Name	Sawhney, Hargobind
Attorney Docket No.	OPT-007
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Check Attached<br><input checked="" type="checkbox"/> Copy of Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Amendment/Response (11 pgs.)<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]<br><br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citation Labeled C13<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><br><input type="checkbox"/> Formal Drawing(s)<br><br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><br><input type="checkbox"/> Small Entity Statement<br><br><input type="checkbox"/> CD(s) for large table or computer program<br><br><input type="checkbox"/> Amendment After Allowance<br><br><input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><br><input type="checkbox"/> Appeal Brief (in triplicate)<br><br><input type="checkbox"/> Status Inquiry<br><br><input checked="" type="checkbox"/> Return Receipt Postcard<br><br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><br><input type="checkbox"/> Additional Enclosure(s) (please identify below)<br><br><input type="checkbox"/> |
|---|--|---|

### **CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 1<sup>st</sup> day of December, 2005.

*Jamie Crystal-Lowry*  
Jamie Crystal-Lowry

## CORRESPONDENCE ADDRESS

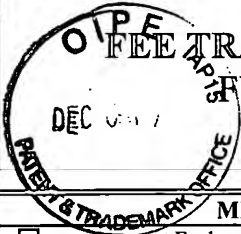
Direct all correspondence to: Patent Administrator  
Proskauer Rose LLP  
One International Place  
22<sup>nd</sup> Floor  
Boston, MA 02110-2600  
Tel. No.: (617) 526-9600  
Fax No.: (617) 526-9899

## SIGNATURE BLOCK

Date: December 1, 2005  
Reg. No.: 55,699  
Tel. No.: (617) 526-9836  
Fax No.: (617) 526-9899

Respectfully submitted,

*Deborah M. Vernon*  
Deborah M. Vernon  
Agent for the Applicant(s)  
Proskauer Rose LLP  
One International Place  
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Boston, MA 02110-2600

				<i>Complete if Known</i>	
				Application Serial Number	10/810,504
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				First Named Inventor	Krupa
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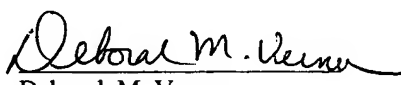
  

<b>METHOD OF PAYMENT</b>					<b>FEE CALCULATION (continued)</b>				
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					<b>4. ADDITIONAL FEES</b>				
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081 <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit. <input checked="" type="checkbox"/> Applicant claims small entity status.					<b>Large Entity</b>	<b>Small Entity</b>			
					<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee Description</b>	<b>Fee Paid</b>	
					130	65	Surcharge - late filing fee or oath		
					50	25	Surcharge - late provisional filing fee or cover sheet		
					130	130	Non-English specification		
					2,520	2,520	Request for ex parte re-examination		
					120	60	Extension for reply within 1 <sup>st</sup> mo.		
					450	225	Extension for reply within 2 <sup>nd</sup> mo.		
					1,020	510	Extension for reply within 3 <sup>rd</sup> mo.		
					1,590	795	Extension for reply within 4 <sup>th</sup> mo.		
					2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.		
					500	250	Notice of Appeal		
					500	250	Filing a brief in support of an appeal		
					1,000	500	Request for oral hearing		
					400	0	Petitions to the Director		
					180	180	Submission of IDS		
					790	395	Filing a submission after final rejection (37 CFR 1.129(a))		
					790	395	For each additional invention to be examined (37 CFR 1.129(b))		
					100	100	Certificate of Correction for applicant's error		
					110	55	Submission of Terminal Disclaimer		
					Other fee (Specify) _____				
					Other fee (Specify) _____				
					<b>4. TOTAL:</b> 0				

<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>				
Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	
<i>Small Entity Discount</i>				
<b>1. TOTAL</b>				0
<b>2. EXCESS CLAIM FEES</b>				
			Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.			50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.			200	100
Total Claims	Extra Claims	Fee Paid (\$)		
32	- 20 or HP (31)= 1	X \$25 = 25		
HP = highest number of total claim paid for, if great than 20				
Indep. Claims	Extra Claims	Fee Paid (\$)		
6	- 3 or HP(5)= 1	X \$100 = 100		
HP = highest number of total claim paid for, if great than 3				
Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)	
	360	180		
<b>2. TOTAL:</b>				125
<b>3. APPLICATION SIZE FEE</b>				
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
		round up to a whole number	x	=
	-100 =	/50 =		
<b>3. TOTAL:</b>				0
<b>CORRESPONDENCE ADDRESS</b>				
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place, 22 <sup>nd</sup> Floor Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899				

<b>SIGNATURE BLOCK</b>	
Respectfully submitted,	
Date: December 1, 2005 Reg. No.. 55,699  Tel. No.: (617) 526-9836 Fax No.: (617) 526-9899	 Deborah M. Vernon Agent for the Applicants Proskauer Rose LLP One International Place 22 <sup>nd</sup> Floor Boston, MA 02110



PATENT  
Attorney Docket No.: OPT-007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Krupa CONFIRMATION NO.: 8172  
SERIAL NO.: 10/810,504 GROUP NO.: 2875  
FILING DATE: March 26, 2004 EXAMINER: Hargobind Sawhney  
TITLE: COMPACT, HIGH-EFFICIENCY, HIGH-POWER SOLID STATE  
LIGHT SOURCE USING A SINGLE SOLID STATE LIGHT-EMITTING  
DEVICE

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

This paper is in response to the Office action mailed from the Patent Office on September 1, 2005, for which the shortened statutory period is set to expire on December 1, 2005. Applicants hereby authorize the Commissioner to charge additional claims fees for a small entity (\$125.00) and any necessary fees to enter this Amendment and Response to Attorney's Deposit Account No.: 50-3081.

Applicants respectfully request entry of this Response, in which:

- **Amendments to the Claims** begin on page 2.
- **Remarks** begin on page 7.

12/06/2005 SSITHIB1 00000027 503081 10810504  
01 FC:2201 100.00 DA  
02 FC:2202 25.00 DA